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UNITED STATES FORM D SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 RECEIVED

FORM D

2005

NÒTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR IIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number:	3235-0076			
Expires: May 31, 2005				
Estimated average burden				
hours per response 16.00				

SEC USE ONLY					
Prefix	Serial				
DATE	RECEIVED				
1	<u> </u>				

	id name has changed, and indicate change.)	•
Remination Venture	5, Inc. Private Place	ment
Filing Under (Check box(es) that apply): Rule 504	Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment		
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		05000300
Name of Issuer (check if this is an amendment and n	name has changed, and indicate change.)	000000
Remington Ventures,	Inc.	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
4115 Green Tree Ave, Savas	rota FL 34233	800-498-5052
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		7-00-
Residential custom home	builder/developer	\N^ACCESSED
Type of Business Organization limited part	nership, already formed other (please specify):
	nership, to be formed	PROMSON FWANGIAL
Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization: (Enter two-		mated
CENERAL INSTRUCTIONS		

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA								
2. Enter the information requested for the following:								
• Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.								
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and								
Each general and managing partner of partnership issuers.								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Brown, Michael G.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
70 Box 19702, Sarasota, FL 34276								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Stratford Group, Inc.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Torre Cosmos, Planta Baja, Officina #3, Avenida Manuel Maria Icazo, Panama								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)								

	B. INFORMATION ABOUT OFFERING												
1.	Hac the	igguer enla	l or does th	ne jeener is	ntend to se	ll to non-o	coreditad i	nvectore in	this offe-	ing?		Yes	No D
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.													
2.								s <u>open</u>					
										Yes	No		
3.													
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								· ·					
Ful	ll Name (Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	i Street, C	ity, State, Z	(ip Code)				 		
Na	me of Ass	sociated Br	oker or De	aler								· · · · · · · · · · · · · · · · · · ·	
Sta	ites in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·				·	
	(Check	"All State:	or check	individual	States)	***************************************		***************************************		***************************************		All States	
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Fu	ll Name (Last name	first, if indi	ividual)								•	
Bu	siness or	Residence	Address (1	Vumber an	d Street, C	ity, State,	Zip Code)						
Na	me of Ass	sociated Bi	oker or De	aler	· · · · · · · · · · · · · · · · · · ·		<u> </u>			· · · · · · · · · · · · · · · · · · ·			
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)		*************	••••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••	***************************************	☐ A1	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Fu	ll Name (Last name	fīrst, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sum \) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		\$
	Equity	30,000	\$30,000
	Common Preferred		·
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)		\$
	Total	5 <u>30,000</u>	<u>\$30,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$30,000
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)		\$30,000
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	·	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ <u></u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		less than
	Transfer Agent's Fees		\$ \$50
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total		\$ 50.00

£2:	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross	;	s <u>30,000</u>
i.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		·
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installation of mach		□ ¢	
	and equipment			
	Acquisition of other businesses (including the value		∐ 3 <u></u>	_
	offering that may be used in exchange for the asset	s or securities of another		
	issuer pursuant to a merger)			_
	Repayment of indebtedness		_	
	Working capital			
	Other (specify):		\$	\$
	1,100		\$	
	Column Totals		_	
	Total Payments Listed (column totals added)		_ \$_3	30,000
110		D FEDERAL SIGNATURE		•
(402)				
igi	issuer has duly caused this notice to be signed by the sature constitutes an undertaking by the issuer to furr information furnished by the issuer to any non-accr-	nish to the U.S. Securities and Exchange Commi	ssion, upon writt	
SSI	er (Print or Type)	Signature	Date	1
RE	MINGTON VENTURES, INC.	Thechold . From	129	04
Vai	ne of Signer (Print or Type)	Title of Signer (Print or Type)	· ·	
1	MICHAEL G. BROWN	PRESIDENT		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)